

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: _____

Case No. _____
Chapter _____

Debtor(s).

Trustee: _____

AMENDMENT DECLARATION

Please circle or underline amended material when appropriate.

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1. PETITION: REOPENING: Yes No CONVERSION (13 to 7): Yes No
When changing debtor's address, please file separate change of address form.
When amending, please submit the changes/additions only!
2. SCHEDULES: A B C D E F G H I J
Are you changing the address, amounts, etc., or adding a creditor?
Changing Adding (\$26 amendment fee required for D, E, & F.)
3. AMENDED AMOUNTS/TOTALS OF SCHEDULES:
4. STATEMENT OF AFFAIRS:
5. AMENDED CHAPTER 13 PLAN:

If you have amended schedules D, E, F by adding a creditor, you owe \$26.00 amendment fee. Fee attached

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added to the schedules/matrix.

A certificate of mailing to creditors should be filed with the Clerk's office (see below).

I declare under penalty of perjury that the information provided in this attached amendment is true and correct.

____/s/____ 06/30/04
Debtor Date

Debtor _____ Debt _____

U.S. Trustee's Office and Trustee in the case supplied copies of amendment(s)? Yes No

/s/
ATTORNEY FOR DEBTOR(S)

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to creditors of this estate as follows (please mark the appropriate line(s)):

- ____ 341 Notice to creditors added by this amendment.
- ____ Discharge Notice to creditors added by this amendment.
- ____ Amended Chapter 13 Plan to all creditors.

07/06/04
DATED

In re Lisa Dawn BybeeCase No. 04-27820

Debtor

AMENDED**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 5810514			2003-2004 Collection				
Allied Data Corp. 13111 Westheimer, Suite 400 Houston, TX 77077-5547	-						974.08
Account No. 3LSG000174			2003-2004 Collection				
American Medical Collection Agency 2269 S. Saw Mill River Rd., Bldg#3 Elmsford, NY 10523	-						266.50
Account No. 126-59042549			2002-2004 Services Rendered				
Dixie Regional Medical Center 544 S. 400 E. Saint George, UT 84770	-						3,750.45
Account No. 251065462			2003-2004 Services Rendered				
T-Mobile PO Box 742596 Cincinnati, OH 45274	-						824.21
1 continuation sheets attached				Subtotal (Total of this page)			5,815.24

In re

Lisa Dawn Bybee

Case No. 04-27820

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 01-060-42297-9		2004 Overdraft Account				1,665.54
Zions First National Bank Bankruptcy 232K5 P.O.Box 30709 Salt Lake City, UT 84130	-					
Account No.						
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,665.54
			Total (Report on Summary of Schedules)			7,480.78

